



TRANSMITTAL FORM

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/424,482	
	Filing Date	February 29, 2000	
	First Named Inventor	CHOO, Yen et al.	
	Art Unit	1639	
	Examiner Name	Wessendorf, T.	
	Total Number of Pages in This Submission	21	Attorney Docket Number

ENCLOSURES *(Check all that apply)*

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Postcard
<input checked="" type="checkbox"/> Copy of Previously Filed Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Copy of Return Postcard supporting previously filed IDS
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Medline Abstract dated May 27, 1997	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP Joe Liebeschuetz	Reg. No. 37,505
Signature		
Date	Nov 4, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature	Brenda J. Dolly	Date	Nov 5, 2004